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Juvenile Sex Offenders: a Complex Population

ABSTRACT: Individuals who engage in sexual offending behavior represent a heterogeneous population. Recent research has found some success in categorizing sexual offenders based on a number of variables, particularly the type of victim. For example, differences have been found between those offenders who victimize adults when compared with those who victimize children. However, the research in this area has been conducted predominantly with adult samples. As the adult sex offender literature has progressed, it has become evident that risk assessment, treatment effectiveness, and risk management are dependent on such offender characteristics. Unfortunately, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging. The goal of this paper is to review some of the complexities inherent in the juvenile sex offender population by focusing on specific areas of complication, including: classification systems, comorbid paraphilias and other mental illnesses, and maladaptive personality traits.

KEYWORDS: forensic science, juvenile sex offender, paraphilia, psychopathy, comorbid mental illness, deviant arousal

According to the Federal Bureau of Investigation (FBI), juveniles were arrested for approximately 12.4% of all forcible rapes committed in 2001 (1). Older statistics suggest that juveniles were responsible for approximately one half of all child molestation cases committed in the United States in the late 1990s (2). These relatively high rates of sexual offending behaviors among youth, combined with the notion that early intervention will prevent aberrant behaviors in adulthood, evidence the need for rigorous investigation of this population to inform both treatment and policy practices. Precursors to adult sexual offending behavior often appear in adolescence. Retrospective reports of adult offenders have indicated that paraphilias and sex crimes begin during adolescence in about 50% of the cases (3). Research specific to the juvenile sex offender population remains scarce. Thus, current practices for managing and treating juvenile sex offenders have been downward extensions of practices with adult sex offenders (4).

As the adult sex offender literature has progressed, it has become evident that treatment effectiveness, risk management, and etiology are dependent on offender characteristics (5). However, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging. The goal of this review is to discuss the complexities inherent in the juvenile sex offender population by focusing on specific areas of complication. These complexities can be defined according to four categories: (a) difficulties in defining and interpreting existing classification systems (6,7); (b) the presence of comorbid paraphilias (8); (c) comorbid major mental illnesses (8,9); and (d) the presence of psychopathy-related characteristics and other maladaptive personality traits (10,11).

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Patterns of Sex Offending

One indisputable finding from the adult sex offender literature is that not all sex offenders are equal (5,11,12). Adult sex offenders comprise a heterogeneous group with respect to the etiology and motivation for sex offending, pattern of sex offending, and consequently treatment needs. However, scholars and clinicians have had some success with identifying the course(s) of sexual offending by differentiating subgroups of sex offenders based on the type of offense and victim. For example, those who have raped adults consistently have been found to recidivate at a rate faster then those who sexually offend against children (13–15). Further, those who rape adults seem to exhibit antisocial behaviors in multiple psychosocial domains, whereas antisocial behaviors among offenders who victimize children tend to be limited to sexual misconduct (5). Motivational patterns have also discriminated between these groups with some success. For example, adults who sexually abuse children tend to be motivated by sexual aspects of the crime (5), while sexual aggressors with adult victims are more likely to be motivated by impulsivity and anger (16). This latter group also seems to have diverse criminal histories (13), encompassing various criminal activities, including sexually offending behavior.

The generalizability of similar dichotomies to juvenile sex offenders is limited. Thus, alternative classification systems have been proposed. For example, Burton (6) divided adjudicated juvenile sex offenders into three categories based on the age of onset and whether such behavior was chronic versus limited to a few incidents of sexually offending behavior. Based on the age of onset and chronicity of sexually offending behavior, offenders were assigned to one of the following groups: “early offenders,” “teen offenders,” or “continuous offenders.” The “early offenders” reported sexually offending behaviors prior to the age of 12, “teen offenders” reported such behaviors after the age of 12, and “con-

tinuous offenders" reported sexually offending behaviors both before and after the age of 12. Interestingly, "continuous offenders" engaged in noncontact offenses (e.g., exposure, forcing a victim to pose nude, etc.), contact offenses (e.g., fondling), and penetrative acts (e.g., oral, digital, or penile penetration) at significantly higher rates than the other two groups. In addition, "continuous offenders" reportedly experienced elevated rates of physical and emotional abuse. Based on the indiscriminant manner in offense patterns, and the severe nature of sexual offence, the authors concluded that continuous juvenile sex offenders were at increased risk for perpetrating continued sexual aggression through adulthood. This classification system is similar to Moffitt's (17) taxonomy of antisocial behavior as either "life-course persistent" or "adolescent limited." This taxonomy is based on Moffitt's (17) review of the literature and hypothesis that children who exhibit early disruptive behavior have lengthier criminal careers. Moffitt's taxonomy has been supported by later research among a sample of matched subjects who were monitored from childhood to the age of 18 (18). Subjects comprised adolescent boys who were divided into three categories: (1) "unclassified," (2) "life-course persistent," and (3) "adolescent limited." Adolescents in the "life-course-persistent" category were found to have a more extensive and lengthier criminal career by the age of 18. These findings indicate distinct developmental pathways to adult antisocial behavior, with individuals in the life-course persistent group at increased risk when compared with the adolescent-onset group. Although intriguing, these findings have yet to be replicated in a sample of juvenile sex offenders.

Another study attempted to identify homogeneous subgroups of juvenile sex offenders using cluster analysis (7), a statistical method used to categorize individuals based on empirically and theoretically informed selections of variables. The authors distinguished five subgroups of juvenile sex offenders based on demographic characteristics, histories of abuse, psychiatric diagnoses, offense characteristics, and psychometric data (primarily behavioral checklists). They labeled these groups (1) "nondisordered," (2) "abuse reactive," (3) "highly taumatized," (4) "rule breakers," and (5) "sexually aggressive." The "sexually aggressive" group was most likely to continue with sexual offending into adulthood as evidenced in their increased penetrative sexual acts and the highest incidence of aggressive sexual acts in general (7).

Another typology was advanced by Hunter et al. (19). Hunter and colleagues divided 182 juvenile sex offenders into two groups, those who sexually abused prepubescent male and female children under the age of 12 and those who sexually abused pubescent and postpubescent females age 12 and older. Those who targeted children had greater psychosocial deficits, were less aggressive in their sexual offending, and were more likely to victimize a relative. However, the authors cautioned that these findings were preliminary because the sample of youth who offended against pubescent females was relatively small. When retrospectively examining the social competence of adult sex offenders, those with a history of juvenile sexual offending exhibited lower social competency when compared with those who began engaging in such behavior as adults (4). This group also exhibited more severe patterns of general antisocial behavior as juveniles (4).

In sum, the optimal method for classifying juvenile sex offenders has yet to be established. As the literature suggests, developmental and clinical factors are added complications to the classification of juvenile sex offenders. It is particularly important to point out that sexual development is not solidified by adolescence, but a fluid and evolving phenomenon. These subjects will be discussed further in the next section.

Paraphilia and Deviant Arousal

Both paraphilias and deviant arousal patterns are critical variables when considering the etiology and treatment needs of adult sex offenders. Adults with a paraphilia are at increased risk for sexually violent reoffending (5,14,20). Sexual arousal studies using plethysmography, a device used for the measurement of deviant sexual arousal among adult sex offenders, have added to our knowledge of adult offending patterns. A meta-analysis of recidivism studies reported that the most predictive factor of future sexual violence was deviant arousal as measured by penile plethysmography (14).

Despite these encouraging findings, there is a paucity of research in this area involving juvenile sex offenders. Although the true incidence and prevalence of paraphilias among adult sex offenders is unknown, these conditions are considered to have an early onset and a chronic course (3,21–23). A review of 1,025 individuals afflicted with various paraphilias indicated that 42.3% originated prior to the age of 18 (24). The age of the subject seems to correlate with the type of paraphilia, with noncontact sexual disorders such as transvestism, fetishism, and voyeurism presenting in early adolescence (24). The assessment of these disorders is especially difficult among this population as younger subjects seem to present with a more indiscriminate arousal pattern than their older counterparts (25).

Sexually deviant arousal and its association with sexual offending have rarely been studied in youth. One study using phallometric assessments with juvenile sex offenders found no significant association between deviant sexual arousal and repeated sexual offending (10).

Major Mental Illness

Identification of major mental illness among sex offenders is critical because of prognostic and treatment implications. All facets of a behavior, including a person's motivation, should be taken into account when formulating an opinion regarding the significance and root of the behavior. Some studies have demonstrated that both paraphilic and nonparaphilic adult sex offenders have relatively high rates of comorbid psychiatric disorders (26–28).

A few interesting studies did address the issue of mental illness among the sex offender population. In a sample of 36 male sex offenders (recently released from prison), McElroy et al. (29) found that the prevalence rate for paraphilic disorders was as high as 58%. Other lifetime rates of substance abuse disorders (83%), impulse control disorders (39%), anxiety disorders (36%), mood disorders (22%), and eating disorders (17%) were reported. In a cohort of adults diagnosed with pedophilia, Raymond et al. (30) found that the 93% of subjects suffered from a DSM-IV Axis I disorder other than pedophilia (including other paraphilias), and 67% had a lifetime history of a mood disorder. Notwithstanding some methodological shortcomings (e.g., small sample sizes, inconsistent methods used to diagnose patients, etc.), the findings of these studies certainly seem to have important clinical, treatment, and forensic implications.

Despite the importance of this research, little is known about the prevalence of major mental illness among juvenile sex offenders. Galli et al. (31) found high rates of DSM-IV Axis I disorders in a sample of 22 adolescents who sexually abused children. Among this sample, 94% met the DSM-IV diagnostic

criteria for conduct disorder, 71% for attention-deficit/hyperactivity disorder, 23% for major depressive disorder, 27% for bipolar disorder, and 72% for some type of substance abuse disorder. Further, the majority of this cohort (95%) had two or more paraphilias, while 64% had three or more paraphilias and 14% had seven paraphilias (31).

Although there is a lack of research pertaining to major mental illness and sexually offending behavior among juveniles, these studies indicate a high prevalence of comorbid Axis I disorders. These findings imply that thorough assessments of major mental illnesses are important among sexually aggressive juveniles both to inform treatment needs and to determine motivational aspects for the sexual behavior. For example, the motivation for sexually aggressive behavior that occurs solely during a psychotic or manic episode is quite different from ongoing sexually deviant arousal independent of a mental illness.

Personality Disorders and Traits

Personality disorders and styles appear to predispose adult males to inappropriate sexual behaviors, but these styles differ somewhat depending on the type of sex offense and the age of the victim. Among rapists, Prentky and Knight (11) identified antisocial personality and lifetime impulsivity (seen here as a personality disorder trait) as among the most consistent discriminating characteristics. Alternatively, personality characteristics related to social incompetence, such as poor social skills, social isolation, and low self-esteem, seem to discriminate adult child molesters (32). Per Prentky et al., (5), antisocial behaviors and antisocial personality disorder are strong predictors of sexual reoffending, regardless of the type of sex offense.

Psychopathy is a clinical construct that has begun to receive attention in the adult sex offender literature because of its association with violent and criminal recidivism (see (33) for a review). Psychopathy is a personality disorder marked by arrogant and deceitful interpersonal styles, shallow emotions with lack of empathy, and impulsive and criminal behavior. Divergent rates of psychopathy have been found among various groups of adult sex offenders. Most studies have found higher rates of psychopathy among rapists (34) than child molesters (35). Rapists are at least three times more likely to be classified as psychopaths than those who sexually victimized children (36). The base rate of psychopathy among rapists is approximately 35% (34,35), while it is between 6% and 10% for those who sexually victimize children (35). The group of adult sex offenders who perpetrate sexual violence against both adult and child victims is much more likely to be psychopathic, as 64% of these offenders are found to be psychopaths (35).

This type of offense pattern is indicative of individuals who are indiscriminant in their sexually offending behavior. Serin et al. (20) examined differences in recidivism rates of adult sexual offenders based on sexual deviance as measured by phallometry and scores on the Psychopathy Checklist-Revised (33). Subjects were divided into four groups: (1) low PCL/low deviance, (2) high PCL/low deviance, (3) low PCL/high deviance, and (4) high PCL/high deviance. The group that scored high on both psychopathy and sexual deviance were significantly more likely to recidivate earlier and more frequently than those with equal levels of sexual deviance, but low psychopathy scores. In addition, high PCL-R scores are directly related to poor treatment outcome and higher rates of treatment dropout (36).

Regarding motivation for sexually offending behavior, Brown and Forth (34) examined PCL-R scores of a group of 60 individuals convicted of rape. The motivations for the sexual assaults were differentiated according to Knight and Prentky's (37) Massachusetts Treatment Center Typology (MTC:R3). Findings showed that psychopaths were twice as likely to be classified as opportunistic and pervasively angry rapists than nonpsychopaths. Psychopaths also committed twice as many general offenses, although they were less likely to have multiple sexual offenses. Similarly, among male college students, psychopathic personality traits have also been found to be predictive of sexual aggression (38).

Recent research has attempted to extend the construct of psychopathy to children and adolescents (see (39)). Some preliminary findings have found that juvenile sex offenders have elevated scores on measures of callous-unemotional personality traits when compared with other violent nonsexual offenders as well as with nonviolent offenders (40). Butler and Seto (41) reported that conduct problems and antisociality were more characteristic of juveniles with global offending histories, including sex crimes, than juveniles who only had a history of sex offending. Alternatively, juvenile offenders who commit sex crimes almost exclusively tend to be identified as having schizoid and socially isolative personality styles (42–45). Another study explored the relationship between psychopathy and deviant arousal among an outpatient sample of 220 juvenile sex offenders (10). The results showed that juveniles with elevated rates of psychopathy and deviant arousal were at increased risk for general recidivism, but not sexual recidivism.

Despite some consistent findings in the adult literature regarding psychopathy and sex offending, there is little research among juvenile sex offenders. Further, the research that does exist is somewhat inconsistent with what has been found in the adult sex offender population. This review illustrates the need for research regarding the relationship between psychopathy and other personality styles with sexually offending behavior among juvenile offenders.

Complications to Our Understanding of Juvenile Sex Offenders

To review, important factors for our understanding and treatment of adult sex offenders include sexual and other offending patterns, paraphilias and deviant sexual arousal, major mental illnesses, and personality styles. Although the evidence is limited, our review suggests that these factors are not as useful for juvenile sex offenders. A major problem with extrapolating data from the adult sex offender literature to the adolescent sex offender population is that adolescent disorders are sometimes difficult to identify. Identification is complicated by several factors that, for the purposes of this review, may fall within one of two broad categories, definitional/diagnostic problems and developmental influences. With regard to the former, it is unclear whether childhood disorders should be diagnosed according to the presently available categorical schemes, individual symptoms, or significant departures from normality (46). There are complications with each of these strategies. For example, most children may express behavioral or emotional symptoms characteristic of some type of psychopathology at some point (47), normal childhood development is hard to define, and no categorical classification scheme has achieved adequate reliability and validity in children and adolescents (48). Current nosological frameworks have produced abnormally high *comorbidity* rates among various childhood disorders (see (46) for a review) and high *heterogeneity* within diagnostic subgroups (e.g., (49)). To complicate matters further, variability in the manifestation, prevalence, and etiology of child-

hood disorders can occur as a function of demographic characteristics; such as, gender, culture, and socioeconomic status (46).

Identification of serious childhood disorders is further hampered by discontinuity in the expression and longevity of symptoms. Childhood psychopathology appears to continue into adulthood for some, but not all, afflicted children (46). Although the study of developmental stability is in its infancy, three main hurdles in targeting chronic psychopathology have been elucidated (e.g., (50,51)). First, different developmental pathways can lead to the same adult psychopathology. Second, similar pathways of abnormal development can lead to different outcomes in adulthood, including normal psychological competence. Finally, *homotypic continuity* (stability in the expression of symptoms over time) is rare.

Discussion

The study of juvenile sex offenders remains a complex area of research, and the social perception of this group remains contentious. As discussed throughout this article, these complexities exist in multiple areas. One of the most challenging ones continues to be the difficulty in placing juvenile sex offenders into parsimonious categories. The foregoing data, although preliminary, show that juvenile sex offenders comprise a heterogeneous population. As stated previously, these complexities give rise to many complications in the areas of research, policy, and treatment interventions. Due to the heterogeneous nature of the juvenile sex offender population, all assessment, treatment, and policy procedures should be tailored to the needs of the individual. Nevertheless, further investigation of groups and subgroups of juvenile sex offenders may give rise to a more in-depth understanding of the etiology of such disorders that will inform assessment and thus treatment interventions. Coupled with the need for establishing useful categories of juvenile sex offenders is the need for understanding possible comorbid psychiatric disorders. High levels of Axis I and Axis II comorbidity complicate this area of research. The presence of psychopathy increases the risk for general crime, violence, and recidivism among adult sex offenders; however, these findings have yet to be replicated in the area of juvenile sex offender research. The study of psychopathy among juvenile sex offenders is essential to inform risk assessment as well as risk management and treatment strategies.

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